S N- 200	ıı	THE DIVISION OF HE	ALTH OF MISSOURI		45480		
. No.300		STANDARD CERTIF	ICATE OF DEATH	State File No	15172		
. 10.48	FILED APR 28 1953	<b>クフ</b> ス	PRIMARY REG. DIST. NO. 3	05/Registrar's No.	//		
~ [	I. PLACE OF DEATH		2 USUAL RESIDENCE	Where deceased lived. If in	titution: residence before		
49.1	a. COUNTY Perry	:	a. STATE Missouri	b. COUNTY	admission).		
)7 '	b. CITY (If outside corporate limits, write R		c. CITY (If outside corporate limit	n. write RURAL and give town	erry		
1.9.	TOWN Perryville	18 Months	or Town Perrvvil	_	79/		
, K	d. FULL NAME OF (If not in heavital or institution size attent address or location)		d. STREET (If renal ADDRESS	, give location)			
RECORD	HOSPITAL OR INSTITUTION South Jackson St.		South Jackson St.		0		
ž j	3. NAME OF a. (First) DECEASED	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)		
į.	(Type or Print) Frank	Francis	Gremaud	DEATH April 28	, (,		
PERMANENT	5. SEX 6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) # DROER	I TEAR F DROUGH H RES.		
3	Male White	Married (Specify)	November 22, 1878	last birthday) Months	Days Hours Min.		
<b>3</b>	10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign of	ountry)	12. CITIZEN OF WHAT		
<b>E</b>	done during most of working life, even if retired) Blacksmith	DUSTRY Farming	i		COUNTRY?		
<u> </u>	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN	Perry County,	WO	J.S.A.		
◀ [	Arthur Gremaud	Mary Emily Mi	_		_		
MAKE	15. WAS DECEASED EVER IN ILS ARMED I	FORCEST I IS SOCIAL SECURITY	17. INFORMANT'S SIGN	<u>se Weinkein Gr</u> ATURE OR NAME	ADDRESS		
3	(Yes. no. or unknown) (If yes, give war or dates	of service) None NO.			RUURESS		
<b>1</b>	NO   None   Oliver Gremaud, Mc Bride, Mo.						
INK	Enter only one cause per   1. DISEASE OR CO	ONDITION	·	do la la	ONSET AND DEATH		
1	(1)		work ( )	THE A X A XXIII	46 3-134V)		
CK	*This does not mean ANTECEDENT CAUSES						
∢	the mode of dying, such Morbid conditions, if any, giving DUE TO (b)						
BL	etc. It means the dis-	see last.	<del></del>				
2	ease, injury, or complica- tion which caused death. II. OTHER SIGNIF	DUE TO (c)					
UNFADING		nuting to the death but not see or condition causing death.		``			
rai		se or condition causing death.  DINGS OF OPERATION			1 00 1170		
Z	TION 198. MAJOR FINE	DINGS OF OPERATION ** * *		442X	20. AUTOPSY?		
	at According	The Prince of th			YES   NO		
اع	L SUICIDE L	21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., sec.)	21c. (CITY, TOWN, OR TOWNSHII	COUNTY)	, (STATE)		
USING	HOMICIDE						
P	21d. TIME (Month) (Day) (Year) 0	WHILEAT () NOT WHILE [ ]	211. HOW DID INJURY OCCUR!				
- H	INJÜRY	WORK AT WORK			·		
PLAINLY	22: I hereby certify that I attended to			لك. 19 إكك. 14 Jas			
AT		3, and that death occurred at _	P m., from the causes	and on the date states	d above		
- 11	23a. SIGNATURE	Ch on the	23b. ADDRESS)	rille to	23c. DATE SIGNED 4-24-53		
E	24a. BURIAL. CREMA- 24b. DATE TION, REMOVAL (Boodty)	24c. NAME OF CEMETER	OR CREMATORY   244 LOCA	TION (City, town, or coun	ty) (State)		
WRITE	Burial April 25.	1953 Mt. Hope C	emetery Per	vville. Mo.	•		
-	DATE REC'D BY LOCAL   REGISTRAR'S S	IGNATURE 250	25, FUNERAL DIRECTOR'S S		DRESS		
	4-25-03 100	Sollar	Allert	Ben Francis	elle me		
Į.		(Licensed Embelmer's Se	stement on Reverse Side)	The state of	- 100 ·		

STATEMENT	ВV	LICENSEED	CRADAT	T E STOP

I hereby certify that the body whose name is recorded on the reverse side of this	certificate	was emba	almed by	me, —————	
			•		
working under my personal supervision.	Student	Embalmer	No	·	

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.